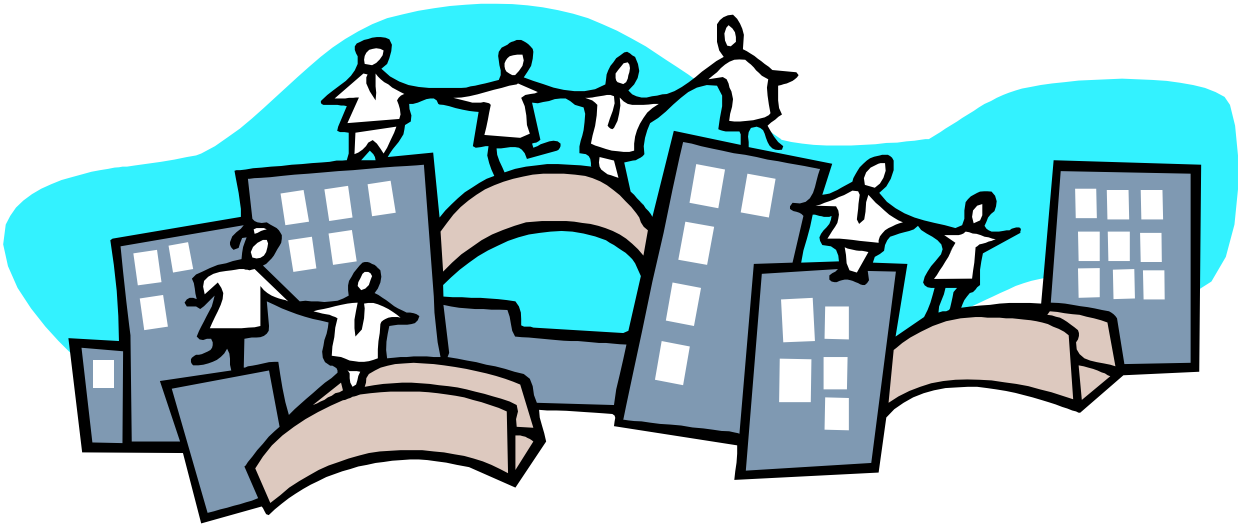
Walter P. Reuther Psychiatric Hospital

JOINT COMMISSION ACCREDITED AND CMS CERTIFIED

2006 ANNUAL REPORT



ACHIEVING SUCCESS THROUGH COMMUNITY PARTNERSHIP

Our patients are the reason for being and the focus of all our activities. It is to this end that we have established our mission:

"To provide an appropriate range of active inpatient psychiatric treatment services to best meet the needs of adults with severe mental illness in collaboration with community mental health agencies/authorities".

Our dedication to patients is supported by our values:

- *Dignity and respect for all.*
- *Honesty and integrity.*
- *Individualized patient-focused treatment.*
- *Equality in provision of services.*
- *Evidenced-based treatment.*
- *Collaboration with all stakeholders.*
- *Safety and security.*
- *Innovation and creativity.*
- *Teamwork.*
- *Pro-activity.*
- *Fiscal responsibility.*
- *Performance excellence.*
- *Progressive and personal development of employees.*
- *Effective communication.*

We believe that community partnership is vital to our mission. This enables our staff and the various community liaisons, the opportunity to better coordinate our patient's care while in the hospital and upon discharge, thus promoting a more integrated system of mental health care.

MESSAGE FROM THE DIRECTOR

As I wind up my first year here at Walter P. Reuther Psychiatric Hospital (WRPH), I am excited and encouraged by the level of dedication and commitment the staff have for patients, the hospital and their jobs. This represents a tremendous foundation on which to build a great future for the hospital and all of its stakeholders.

We have together embarked on an aggressive three-year strategic plan that is focused on addressing some significant issues we have identified as important to us. These include: Information Management, Training, Safety/Security, Expanding/Augmenting Patient Care Services, Employee Morale, Aging Workforce, among others. These are all issues the hospital leadership has determined is critical for delivering quality services into the future. All stakeholders have a role to play in addressing these issues but the hospital leadership has the responsibility for implementing the goals and objectives developed to address the issues.

This first annual report is intended to share what we have achieved over the past year and what our plans are for the future. I invite all stakeholders to join with us in ensuring that WRPH continues to build on the exemplary foundation that has been built over the years delivering quality psychiatric care to the citizens of Michigan. We, here at WRPH, continue to be committed to our mission and prepared to do what it takes to ensure success.

Sincerely,

Rosettus L. Weeks, Sr.

ACHEIVING SUCCESS THROUGH COMMUNITY PARTNERSHIP

With the ongoing shift from the institutional care system to county-sponsored community mental health services programs (CMHP), the hospital's primary focus has been the patient's recovery from mental illness and the efficient delivery of the care in a continuum.

CMHPs have a mandate to develop an individual plan of service for all patients through the "person-centered" planning process. WRPH collaborates with the various community mental health agencies in treatment planning from admission through discharge. In partnership with the Detroit-Wayne County Community Mental Health Agency, our major stakeholder, a process has been implemented whereby their Managed Care Providers Network (MCPN) assigned to individual patients work in conjunction with the WRPH treatment teams. They provide essential information that assists in the stabilization and/or recovery of the patient. The ongoing dialogue with the MCPNs provides a continuity of care that will best meet the needs of our patients in the community.

The "person-centered" planning process has been the key to a successful transition of our patients back into the community. Through a collaborative input, most particularly with the patient and families, we have moved away from just symptom alleviation to a treatment model that may include social, relational, vocational and residential opportunities. This treatment model includes Psycho-Social Rehabilitation, Work Therapy and Community Outings. The goal is to reduce the phenomena of the "revolving door" syndrome of patients being readmitted to the hospital soon after discharge.

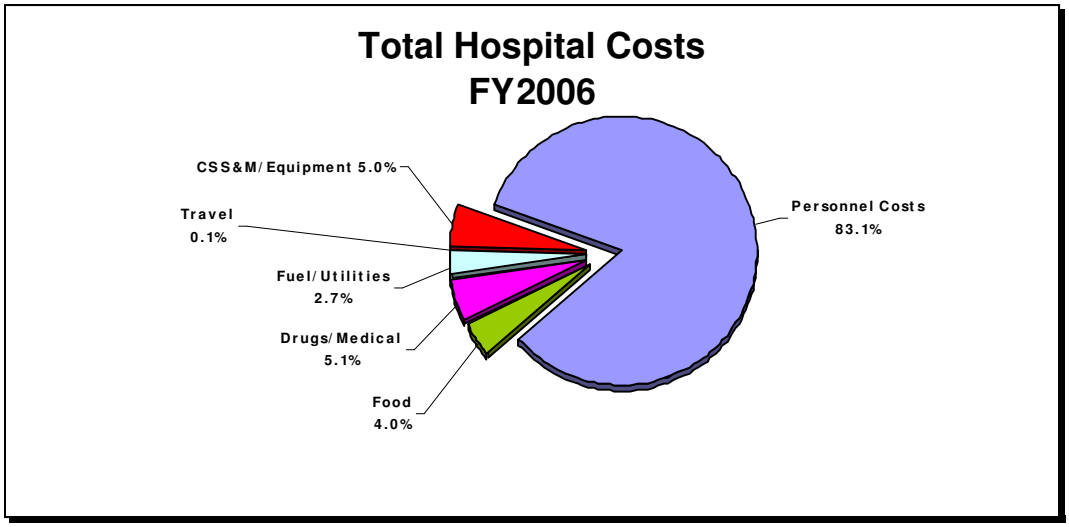
SUMMARY OF ACCOMPLISHMENTS
FY2006

- An audit by the Office of the Auditor General indicated that neither findings nor recommendations were required.
- 25% reduction in fall-related injuries following the revision and implementation of the Fall Prevention Program.
- Elopement rates reduced by 16% with risk-reduction strategies such as utilization of mobile radios by staff when taking patients on Level 3 ground access.
- Modifications to the hospital's electrical infrastructure resulted in a 53% decline of patient-related smoking incidents.
- Surveys were utilized to obtain input from patients and after-care providers as to the necessary skills patient's need once returned to the community. Psychosocial Rehabilitation Program Modules were developed and implemented as a result of these surveys.
- Disaster procedures were revised based on the valuable feedback provided by the Westland Fire Department who participated in our emergency disaster drill. A new base station was installed in the Safety Department with additional mobile radios as another means of communication in the event of an emergency.
- No influenza-like illnesses reported during the year due to the multi-disciplinary effort to provide the influenza vaccine to as many patients as possible.
- Our hospital's cost of care per patient/day (per diem rate) is well below the rate charged by comparable hospitals in the county and state.
- There was an increase in the number of college/university student's affiliation for clinical rotation in psychiatry.

FINANCIAL SUMMARY

	FY 2005	FY 2006
Average In-House Census	233.7	230
Total In-House Days	85,298	83,952
Year-end FTEs	419.6	435.1

		FY 2005	FY 2006
Total Personnel Costs		$31,319,329	$33,971,036
Other Operating Costs			
A.	Food Service	1,648,844	1,647,317
B.	Drugs/Medical	2,017,338	2,084,991
C.	Fuel/Utilities	963,697	1,083,143
D.	Travel	52,302	53,030
E.	CSSM/Equipment	1,834,409	2,026,614
	Subtotal	6,516,409	6,895,095
Total Hospital Costs		$37,835,919	$40,866,131
Total Hospital Revenue		$38,670,701	$40,880,421
Surplus/Deficit		+834,782	+15,290



FY 2006 Per-Diem Rates
Adult Psychiatric Beds

WRPH	**$407**
State Hospital Average	**$469**
Wayne County CMH Average	**$500 - 700**

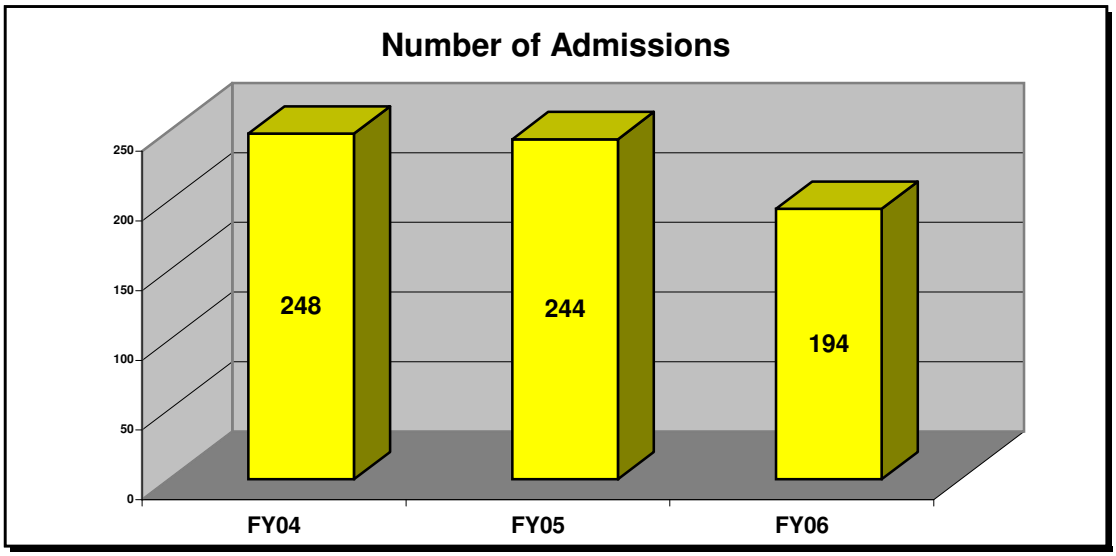
FACTS AND FIGURES

Patients who are 18 years of age and older are admitted to WRPH by one of three processes:

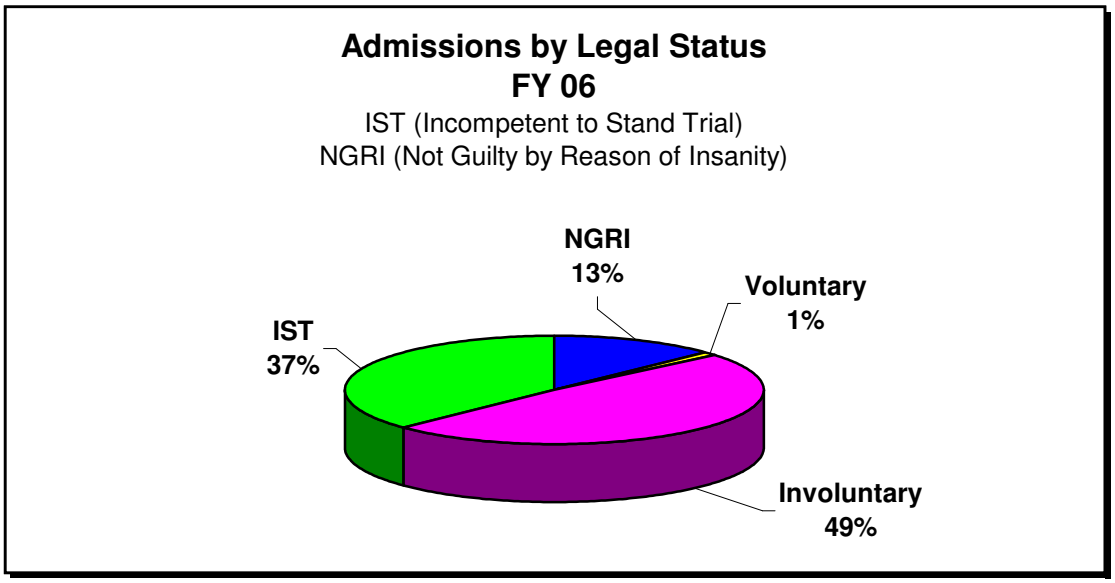
1). Referred to WRPH by the Community Mental Health (CMH) agency in the patient's home county (county of residence),

2). Have been determined by a court to be Incompetent to Stand Trial (IST) and are ordered to obtain treatment at WRPH, or

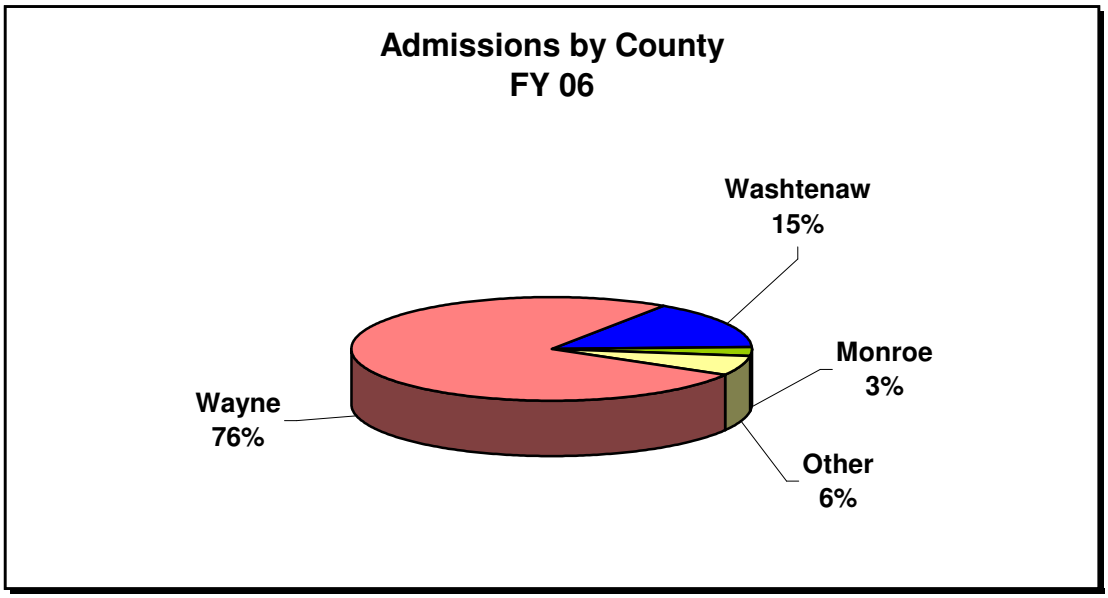
3). The patient is Not Guilty by Reason of Insanity (NGRI) and has been referred by the Center for Forensic Psychiatry for continued hospitalization in a less restrictive setting.



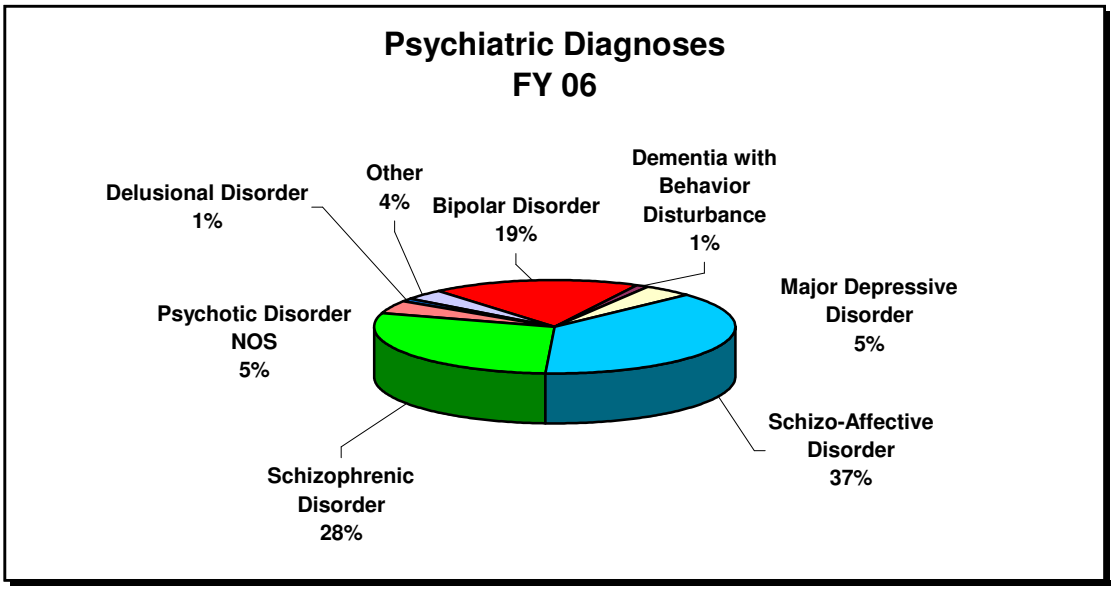
- 70% of admissions were male, and the median age was 50 years.
- For FY 2006, WRPH was authorized for 234 beds. Our average daily census was 230 patients. However, admissions declined by 20% from FY05. The decline can be primarily attributed to a decrease of referrals from the Detroit-Wayne County CMH Agency.



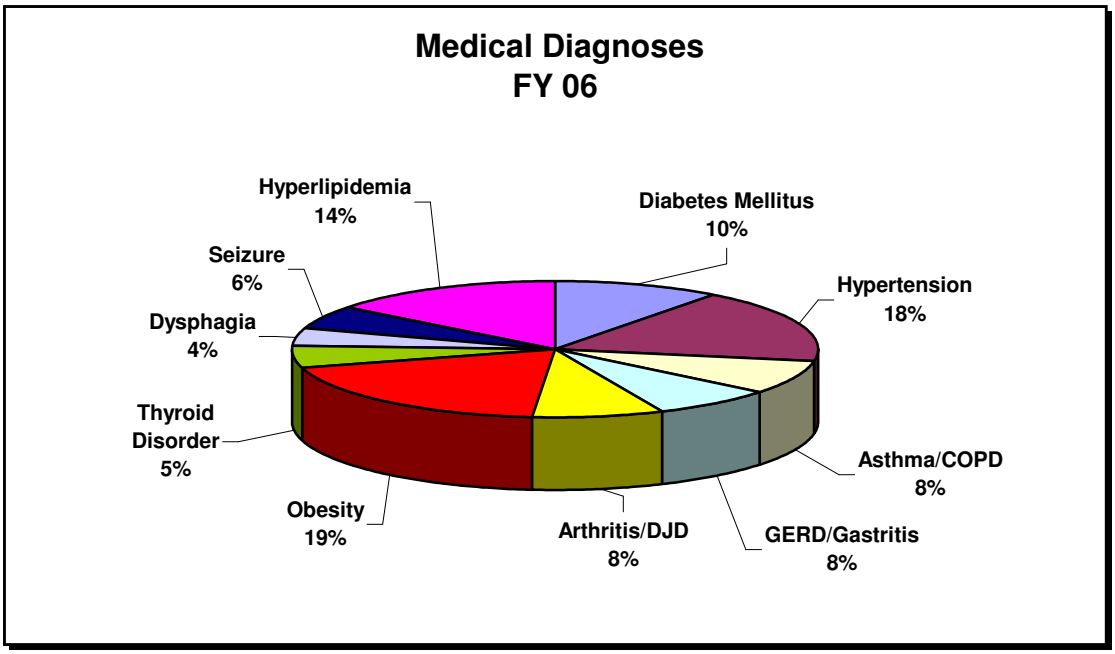
For FY 2006 admissions, there was a 50% increase in the number of IST patients and a 1% increase of NGRI patients from the previous FY.



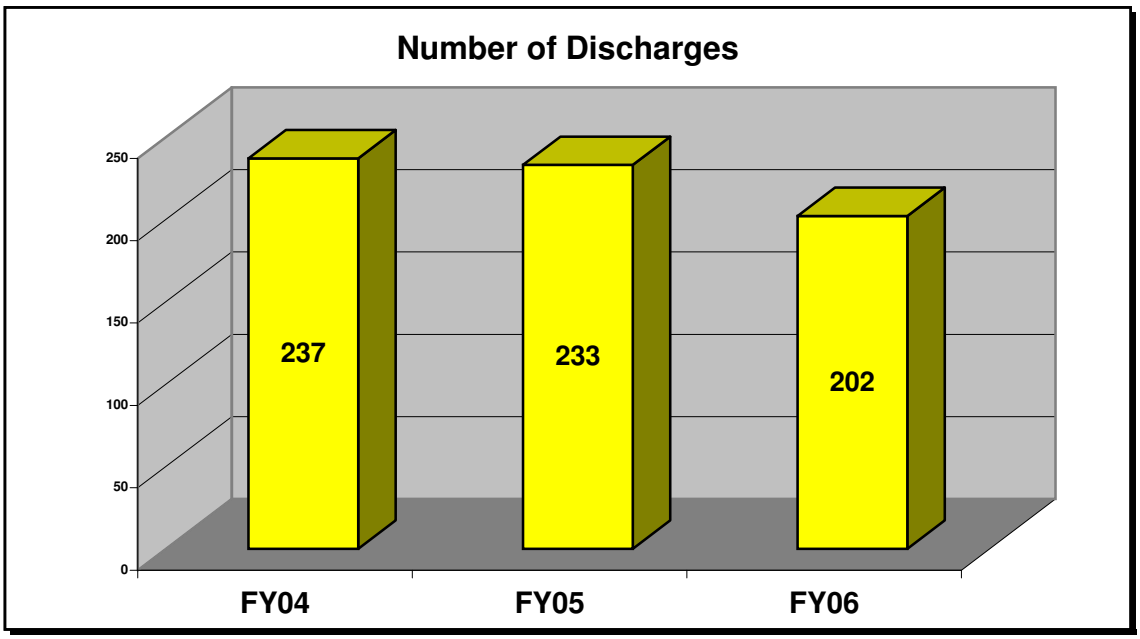
Our catchment's area consists of the counties of Livingston, Monroe, Washtenaw, and Wayne. In limited circumstances, due to unique clinical requirements or court orders, patients are admitted from outside of the catchment area. Discharges by county mirrored that of admissions.



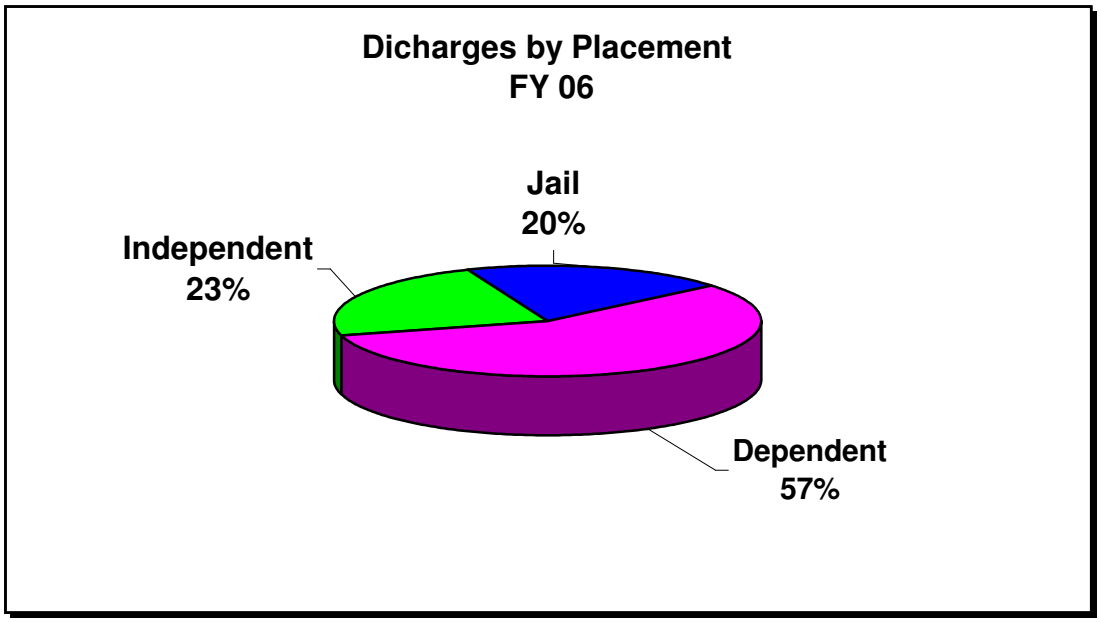
- A majority of our patient population consists of the chronically mentally ill with a history of multiple hospitalizations. All of the major diagnostic categories are represented.
- Upwards of 60% of patients have various substance abuse disorders.
- Less than 5% of patients are developmentally disabled.



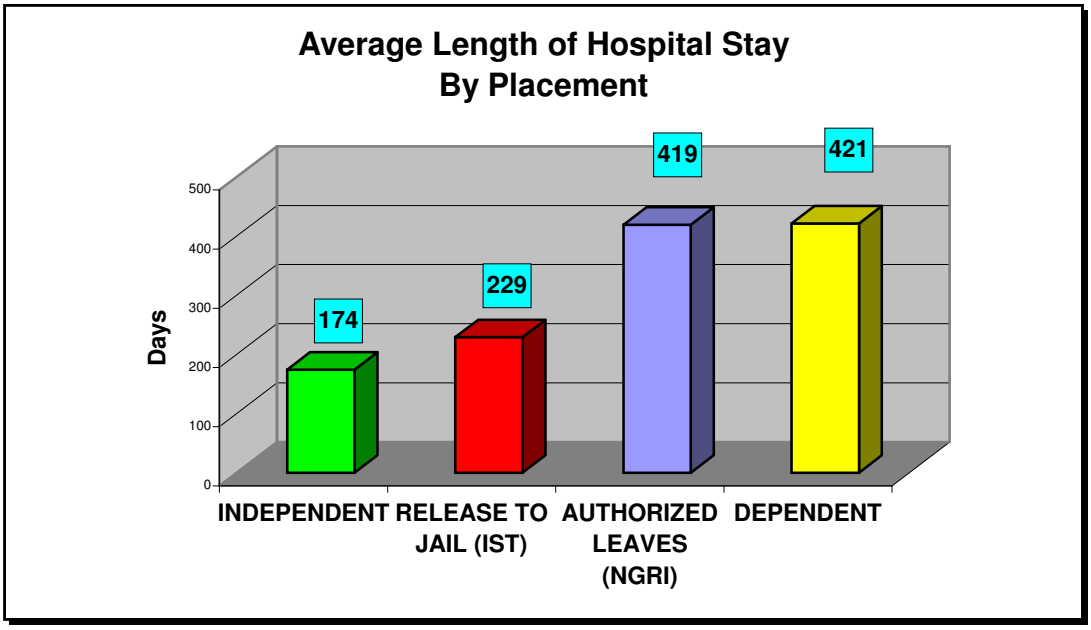
In addition to their psychiatric illnesses, the majority of our patients have multiple medical issues. Metabolic problems such as hypertension, obesity, hyperlipidemia and diabetes mellitus predominate. Appropriate care of these medical conditions are important to prevent serious consequences and/or complications, in addition to stabilizing their psychiatric conditions. The focus is on treating the "whole person". The hospital's medical staff and contractual physicians provide services around the clock.



For FY 06, a 13% decline is noted on the number of patients discharged. This can be attributed to the 50% increase in the number of IST patients who must achieve competency to return to jail and the 20% decrease in the FY 06 admissions.



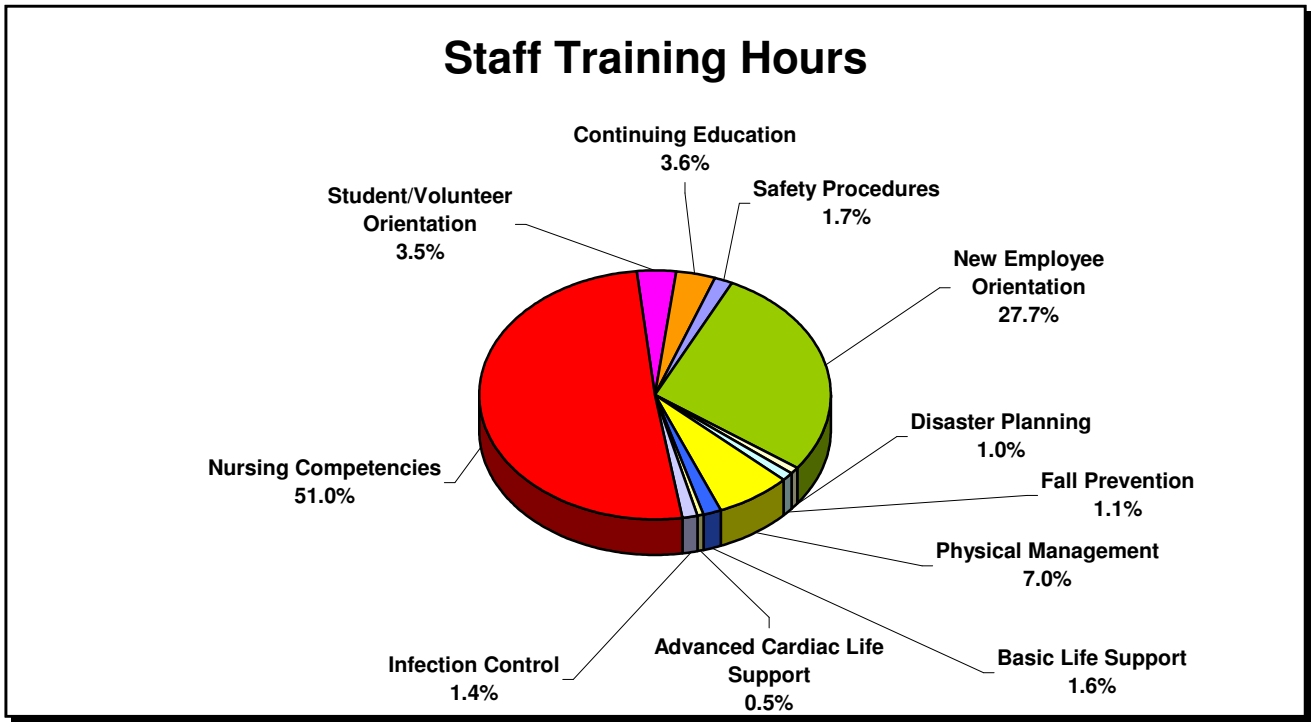
- Returned to Jail (41): IST patients who have become competent to stand trial.
- Independent Discharge (46): Patients who returned home or to other family members.
- Dependent Placement (115): Patients discharged to group homes, supervised living, etc.
- 32 NGRI patients were released on Authorized Leave Status (ALS). These patients remain under the supervision of the hospital and are not officially discharged.
- 72 ALS patients were monitored during the year. This requires periodic evaluations and court testimony.



A variety of factors influenced the average length of hospital stay for FY 06:

- Patients that have a co-morbid diagnosis, such as a developmental disability or substance abuse, required highly structured and specialized community services, which are not readily available in the community.
- Placement of NGRI patients may be complicated by the seriousness of the original crime and the subsequent caution that is taken before such patients are re-integrated into the community.

STAFF DEVELOPMENT



Training Program	Length (Hours)	Staff Trained	Total Hours
Safety Procedures	0.5	418	209
Infection Control	0.5	358	179
Disaster Planning	0.5	253	126.5
Fall Prevention	0.5	272	136
Physical Management	3.0	291	873
Basic Life Support	4.0	50	200
Advanced Cardiac Life Support	4.0	15	60
New Employee Orientation	40-80	62	3470
Nursing Competencies	25	256	6400
Student/Volunteer Orientation	3.5	127	444.5
Continuing Education	1.0	450	450

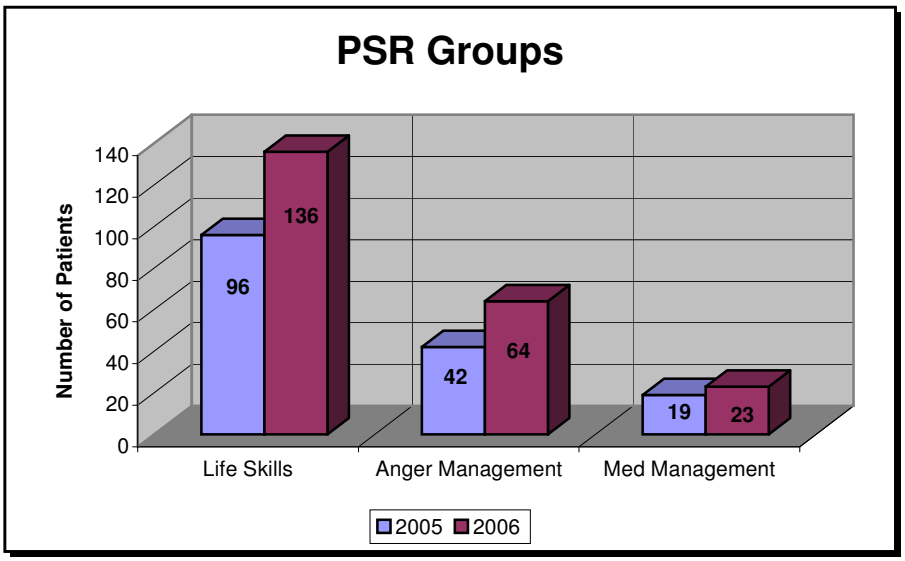
Mandatory training is provided to staff in order to maintain competency in basic safety measures and clinical skills. Additionally, WRPH provides an opportunity for professional development/continuing education by offering free satellite courses (PsychLink, PsychCME, and the Distance Learning Network).

CLINICAL PERFORMANCE

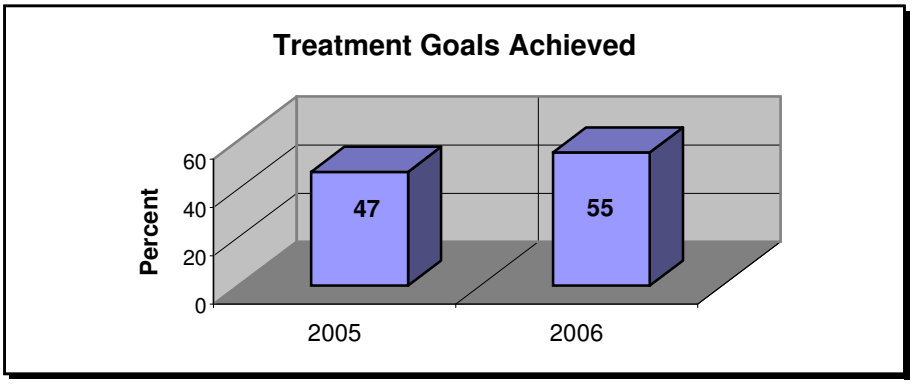
In order to promote participation in rehabilitation and independence no matter how severe their symptoms or pervasive their illness, we offer our patients appropriate choices among our clinical activities tailored to meet their unique needs. Most of these activities are directed towards promoting community re-integration.

Psycho-Social Rehabilitation (PSR) Program

Our Psycho-Social Rehabilitation Program is designed for persons with chronic mental illness to explore and develop social, vocational, leisure and living skills that will assist them to live as independently as possible. Community mental health agencies, support groups, clergy, family, and friends serve as the linkage for maintaining optimal health and well being for our patients after discharge.



Patients choose from the 37 PSR modules that are designed for improving their quality of life. The treatment team assists the patient in identifying treatment goals necessary for reintegrating back to the community. The groups of 8 – 10 patients run for a period of 13 weeks and are conducted by Activity Therapy, Nursing, Social Work and Psychology. Life Skills provide the patient with the tools to improve communications, social/emotional behaviors and problem solving abilities. In Anger Management, the patient learns to recognize cues to anger and acceptable ways of managing anger. Medication Management teaches patients to become more self-reliant in their use of psychotropic medications.



A pre-test is given at the start of the cycle. Upon completion, a post-test is given to evaluate whether improvements occurred and/or the treatment goal was achieved. For FY 2006, there was a 17% increase from FY 2005 in the number of patients who have achieved their desired goals.

Work Therapy Program/Community Outings

Patients are provided the opportunity to work for pay as part of their treatment. A total of 130 patients participated in the program. Patients can be assigned to light housekeeping/clerical duties, working on the units or office areas with staff supervision. Patients with more developed work skills may participate in the Workshop Program, where they are involved in assembly of parts for local companies.

Community Outings are conducted in order to:

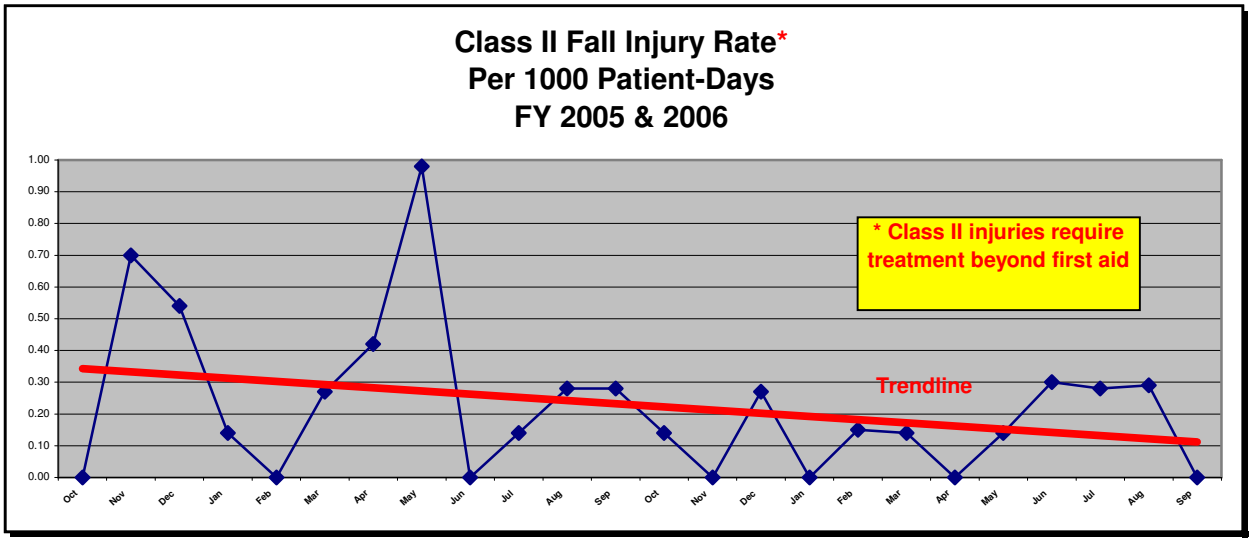
- Develop or increase awareness of the various ways in which constructive and enjoyable use can be made of leisure time.
- Increase awareness of constructive leisure activities that they can pursue after they are discharged from the hospital.
- Practice social skills learned in PSR groups in a public environment.

  Such outings include trips to local restaurants, recreation centers, shopping, movie theaters, fishing and parks. A total of 1,192 patient contacts were supervised during the year.

SAFETY AND SECURITY

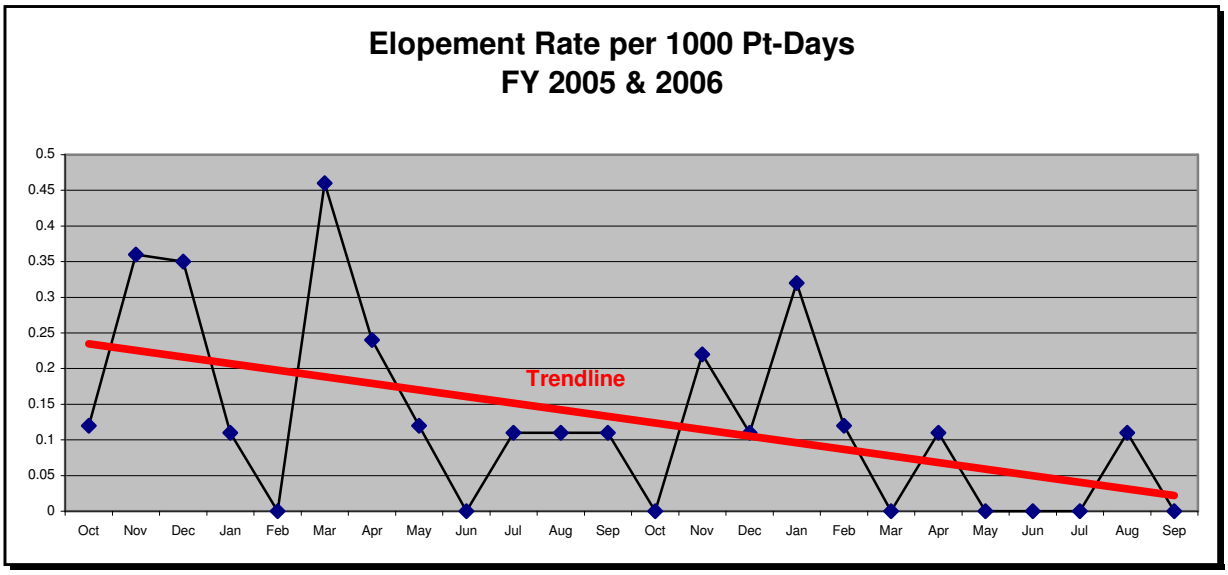
Besides providing treatment, the safety and security of our patients is a prime priority. The process of prevention, which began in FY05, continued in FY06 focused on continually reducing risks or preventing the onset of serious problems.

Fall Prevention



All hospitals must deal with the problem of patient falls. Falls can have multiple, interrelated causes, including the environment, age, physical/cognitive challenges and treatment-related factors. It is unrealistic to expect all falls to be eliminated. Our goal is to reduce the number of falls and more importantly, to reduce fall-related injuries. A Fall Prevention Workgroup recommended and developed a comprehensive program that was implemented in 2005. The program included fall prevention strategies that improved assessments, communications among caregivers, environmental safety and patient/staff education. As a result, the fall injury rate has trended downward.

Elopement



A root cause analysis was conducted to determine if solutions could be found to deal with patient elopements. The analysis focused on: A) Risk assessments of patients, B) Developed procedures for monitoring off-unit patients and C) Staff communications when elopements are attempted. New procedures were developed in all three areas, and as a result, elopement rates have been considerably reduced.

STRATEGIC PLANNING

In August of 2006, the leadership team embarked on a strategic planning for the next three years. Our Mission, Vision and Values Statements were considered as we evaluated the opportunities and challenges facing WRPH. Through this process, we identified goals that shall be used as a blueprint for decision-making and organizational focus.

For example, we have been challenged with nursing retention/recruitment issues, similar to those experienced by hospitals nationwide. Short and long-term strategies were considered to manage these issues. Affiliations with Schools of Nursing have been increased. Five schools (Henry Ford Community College, Schoolcraft College, Madonna University, University of Michigan and Wayne County Community College) trained nursing students at WRPH last year and additional schools are being considered. In order to improve recruitment opportunities for these students and for current employees who are obtaining their RN licenses, we have considered adding an entry-level RN classification to the organization.

To allow for greater surveillance of the public areas and improve safety and security at the hospital, upgrades of equipments were initiated to the hospital's surveillance system. The plans include replacing the current stationary black & white cameras with eight new stationary color cameras and four pan/tilt/zoom cameras. Additional improvements include two monitors that display up to 32 camera locations and a DVR.

SUMMARY OF GOALS
2007 - 2009

I. INFORMATION MANAGEMENT:

A. Access and upgrade staff computer skills consistent with job duties.
B. Develop and implement a plan to upgrade computer systems.
C. Maximize use of databases and other electronic processes/documents.

II. TRAINING:

A. Review and revise the new employee orientation and annual training.
B. Maximize the use of electronic media and other technology for training.
C. Develop and implement plan to provide competency based training based on assessed needs.
D. Develop and implement plan to provide supervisory training to new and experienced supervisors.

III. SAFETY/SECURITY:

A. Conduct building security assessment and implement plan to address vulnerabilities identified.
B. Provide employees with additional tools to deal with violent patients.
C. Develop and implement plan for complying with National Patient Safety Goals.
D. Reduce number of patients and staff injuries by 10% per year.
E. Reduce restraint hours to below the national average.

IV. EXPAND/AUGMENT PATIENT CARE SERVICES:

A. Maximize use of evidence based practice.
B. Expand and enhance patient programming.
C. Improve linkage to aftercare services for IST patients.
D. Explore the possibility of increasing acute care admissions and expediting readmissions.

V. EMPLOYEE MORALE:

A. Improve communication.
B. Explore ways to provide non-monetary ways of rewarding staff.
C. Explore ways to improve approval of incidental annual days.
D. Conduct regular employee surveys with objective of addressing employee concerns and issues raised.
E. Explore providing cafeteria services to employees.

VI. JOINT COMMISSION ACCREDITATION/CMS CERTIFICATION:

A. Develop and implement a plan to maintain compliance with accreditation standards.

VII. EXPAND TEAM AND COMMUNITY RELATIONS:

A. Expand university affiliation to include other clinical disciplines.
B. Expand/enhance collaboration with major stakeholders.

VIII. AGING WORKFORCE:

A. Provide employees with additional tools to effectively and safely perform their job functions.
B. Develop and implement plan to capitalize on the knowledge and skills of experienced staff.

IX. ADDITIONAL RESOURCES:

A. Explore and seek grant opportunities.

WALTER P. REUTHER PSYCHIATRIC HOSPITAL
ADMINISTRATIVE STAFF

Hospital Director	Rosettus L. Weeks, MBA
Administrative Officer	Ron Denstedt
Human Resource Director	Gerald Gibson
Chief of Clinical Affairs	Venkata Lingam, MD
Director of Nursing	Sherrie Williams, RN, MSN
Risk Manager	Thomas Tanner
Director of Psychiatry/Psychology	Hanumaiah Bandla, MD
Director of Medical Services	Ruby Roc, MD
Medical Staff President	Mohammad Irfan. MD
Activity Therapy Director	Susan Parker, OTR
(Acting) Social Work Director	Katherine Gamma, ACSW
Pharmacy Director	Carey Abbott, RPh
Safety Director	Sandra Briggs
Medical Records Director	Kathleen Cale
Food & Nutrition Services Director	Kathryn Russell, MS, RD
Maintenance Director	Lawrence Harrison
Housekeeping Director	Christina Roe